DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12556

APR 23 1940

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 46

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall, Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of ~~hospital or~~ institution: County Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital or~~ institution 4 months (Specify whether years, months or days)

In this community ✓

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Saline

(c) City or town: Marshall, Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Alpheous Morton 638

3. (b) If veteran, name war: no

3. (c) Social Security No.

4. Sex: male

5. Color or race: White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: widowed

6. (b) Name of husband or wife: none

6. (c) Age of husband or wife if alive: 4 years

7. Birth date of deceased: Feb. (Month) 1st (Day) 1858 (Year)

8. AGE: Years 82 Months 1 Days 7 If less than one day hr. min.

9. Birthplace: Lewis County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

FATHER 12. Name: John Morton

13. Birthplace: don't know (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name: don't know

15. Birthplace: don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature: Chas. Morton

(b) Address: Slater, Mo.

17. (a) burial (Burial, ~~cremation or removal~~) (b) Date thereof: 3-9-1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Miami, Mo.

18. (a) Signature of funeral director: Hill Brothers

(b) Address: Slater, Mo.

19. (a) 3-8-40 (Date received local registrar) (b) Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Jan. 1, 1940, to Mar 8, 1940, that I last saw him alive on Feb 28, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	1 day
Due to: Hemiplegia	
Due to: Hypertention	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Marshall Mo. Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER — USE STANDING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Office No. 8
District File Number 4-4-40
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me, or by~~ Edgar Moore, Registered Apprentice No. 230 working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.